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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

**CONFIRMED MINUTES OF THE PUBLIC MEETING OF THE
AUDIT RISK AND ASSURANCE COMMITTEE
ON MONDAY 2 MARCH 2026
HELD AT THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

Meeting started at 09:30

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Hayley Hutchings	Non-Executive Director
Ceri Jackson	Non-Executive Director
Julie Boalch	Assistant Director of Corporate Governance and Risk
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Fflur Jones	Audit Wales
Trish Mills	Director of Corporate Governance/Board Secretary
Osian Lloyd	Head of Internal Audit, NWSSP Internal Audit
Liz Rogers	Deputy Director of People and Culture <i>(Deputising for Carl Kneeshaw)</i>
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing
Carl Window	Local Counter Fraud Manager

ATTENDEES:

Jill Gill	Head of Financial Accounting
Sarah Harland	Corporate Governance Officer
Rachel Marsh	Executive Director of Strategy Planning and Performance <i>(for Item 5.3.2)</i>
Alex Payne	Corporate Governance Manager
Leanne Smith	Assistant Director of Digital Services <i>(Deputising for Jonny Sammut for Item 11)</i>
Andy Swinburn	Executive Director of Paramedicine <i>(for Item 5.3.3)</i>
Yvonne Thomas	Audit Wales
Felicity Quance	Deputy Head of Internal Audit

OBSERVING:

Toni-Marie Norman	Business Manager
Janice Smith	Good Governance Institute
Charlotte Wilmshurt	Assistant Director of Assurance and Risk <i>(Hywell Dda University Health Board)</i>
AnnaMaria Williams	Corporate Governance Officer



APOLOGIES:

Carl Kneeshaw
Jonny Sammut
Damon Turner

Director of People
Director of Digital Services
Trade Union Partner

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Apologies from Carl Kneeshaw, Jonny Sammut and Damon Turner were noted. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF THE LAST MEETING HELD ON 2 DECEMBER 2025

3.1 Ceri Jackson proposed an amendment to the minutes of the public meeting of the Audit Risk and Assurance Committee held on 2 December 2025. At Item 10.2, paragraph 2, it was agreed that the word "real" be replaced with "significant". Subject to this amendment, the minutes were approved.

4.1 ACTION LOG

4.1.1 The Action Log was received and updated.

Action 14.2/02092025 Assurance to ARAC on Near Miss and Low Harm Intelligence Framework *Trish Mills suggested that, instead of scheduling a fixed six-month report to ARAC, the committee should use the AAA (alert, advise, assure) process to formally request Quest to keep the Putting Things Right recovery plan and related near miss/low harm reporting under review, with an action for an update in six months. This would allow Quest to escalate any concerns or lack of progress to ARAC as needed, ensuring the issue remains visible and appropriately monitored* **Update 2 March 2026**

Trish Mills reported that the position remained as set out in the papers, with no substantive update available at this time. It was agreed this action would remain on the action log and the QuEST committee would be specifically requested to consider the near miss reporting issue as part of its review of the PTR Paper and Recovery plan at the meeting on 7 May 2026 to provide interim assurance to the committee.



5.1 INTERNAL AUDIT PLAN 2026/27

- 5.1.1 Osian presented the Internal Audit Plan for 2026/27, outlining the risk based approach used to develop the programme, including alignment with the Trust's principal risks, strategic objectives and emerging risks. Osian confirmed that the plan has been developed in consultation with Executive Directors and Audit Wales to ensure appropriate coverage and avoid duplication. The Committee noted that the plan provides a balanced spread of audits across clinical, operational, financial and corporate governance areas and is deliverable within available resources, with flexibility retained to respond to emerging risks during the year.
- 5.1.2 Chris Turley commented on the absence of a capital audit within the plan, confirming his support for this approach given the limited scope of the current capital programme and the recent audit coverage in this area, while noting that the position would be kept under review should new capital risks emerge.
- 5.1.3 Judith Bryce and Liz Rogers provided reassurance that wellbeing related risks, including sickness absence and stress management, are being addressed through existing assurance routes and planned internal audits, and that a compliance based audit in these areas would not necessarily provide additional value at this stage. Carl Window welcomed elements of the plan that align with counterfraud risks, noting opportunities for continued collaboration between Internal Audit and Counter Fraud services as audit scopes are developed.
- 5.1.4 The Chair welcomed the plan and noted that it had been developed through a robust, risk based process, providing appropriate coverage across the organisation with sufficient flexibility to respond to emerging risks during the year.
- 5.1.5 Members queries regarding the scope of the proposed shift overruns audit, and whether sickness absence should be considered as a separate audit priority, were addressed. Whilst welcoming the breadth of the Internal Audit Plan, Ceri Jackson emphasised the importance of ensuring that the shift overruns audit explicitly considers staff wellbeing impacts alongside reporting accuracy. Members agreed that wellbeing considerations would be incorporated at the planning stage of the shift overruns audit, and it was confirmed that sickness absence would continue to be addressed through the internal deep dive work already scheduled within the IMTP rather than through a separate Internal Audit review.



The committee considered the Internal Audit Plan for 2026/27 and:

- 1. Approved the Internal Audit Plan for 2026/27;**
- 2. Approved the Internal Audit Mandate and Charter; and**
- 3. Noted the associated Internal Audit resource requirements and Key Performance Indicators.**

5.2 INTERNAL AUDIT PROGRESS REPORT

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

5.2.1 Osian Lloyd presented the Internal Audit Progress Report, advising that good progress is being made against the 2025–26 Internal Audit Plan, with eight final reports issued, five reports in draft, six audits in progress and one in planning, and no audits yet to commence. Osian confirmed that there are no current concerns regarding delivery of the audit plan, and no changes are proposed at this stage.

5.2.2 Osian further reported on the follow-up of audit recommendations, noting a 77.6% closure rate for high and medium recommendations due by the reporting date, with validation testing confirming progress, although a small number of actions required further evidence prior to formal closure. Osian highlighted that performance indicators showed two amber ratings, relating to timing of report assurance and management responses, and provided assurance that these reflect specific, understood issues rather than an emerging adverse trend.

5.2.3 The Chair sought clarification on a low completion rate within an earlier audit tracker period, Osian confirmed that this reflected timing issues rather than any cause for concern. Members then questioned the amber rated KPIs, particularly in relation to management responses, Osian advised that delays were attributable to the absence of key individuals rather than indicative of systemic weakness. Trish assured the Committee that strong oversight was in place, including monthly meetings with Internal Audit to address emerging issues, and described the KPI dip as a temporary fluctuation.

5.2.4 Ceri Jackson reflected on the wider challenge of interpreting delays in the context of operational and seasonal pressures, emphasising the need for realistic timescales. Trish noted that the revised tracker approach was already resulting in more achievable deadlines and higher first time closure rates, signalling an improving trajectory.

The committee noted the Internal Audit Progress Report.



5.3 INTERNAL AUDIT REPORTS

5.3.1 Budget Setting [Reasonable Assurance]

Felicity Quance highlighted the potential to extend zero based budgeting beyond Digital Services and noted that directorate capacity pressures could affect engagement in future planning cycles. Chris Turley welcomed the report, confirming he was content with the conclusions and management responses, and accepted the proposed actions and timescales.

The Chair also welcomed the report, highlighting the value of the planned thematic review across NHS bodies, while Felicity advised that early benchmarking indicated the Trust was performing strongly in several areas; particularly processes, procedures and engagement, with common challenges identified around training capacity. As such it was noted that the outcome of this audit was on the cusp of being able to provide substantial assurance.

5.3.2 Clinical Model Transformation Programme [Reasonable Assurance]

Rachel Marsh welcomed the report, noting that for a programme of this scale the presence of only two medium priority findings placed it close to substantial assurance. Rachel confirmed that the recommendations had been accepted, that actions were being monitored through the CMT Programme Board, and expressed confidence in the programme's governance and delivery.

The Chair noted that, notwithstanding the reasonable assurance rating, the committee could take significant assurance from the quality of governance given the scale and complexity of the programme. Felicity Quance clarified that the reasonable assurance reflected the programme's ongoing, phased nature rather than any fundamental weaknesses and confirmed a high level of understanding, transparency and control.

Ceri Jackson highlighted the strong assurance provided, citing positive staff engagement, training and patient impact, particularly reductions in harm. The Chair agreed reinforced confidence in the programme, with Rachel Marsh reiterating confidence in the arrangements and continued learning approach.

5.3.3 Cymru High Acuity Response Unit (CHARU) [Reasonable Assurance]

Andy Swinburn thanked Internal Audit for the review, noting strong engagement and confirming that the findings aligned with issues

already recognised by management and that he agreed with the conclusions and recommendations.

The Chair reflected on the ongoing challenge of benefits realisation amid continuous change and capacity pressures, which Internal Audit acknowledged as a wider system issue requiring a balance of risk, opportunity cost and assurance; Andy Swinburn noted that benefits often materialise over time, making formal evaluation challenging.

Ceri Jackson noted the strong assurance provided, queried improvements in return of spontaneous circulation from cardiac arrest (ROSC) performance data and raised concerns regarding rural and urban clinician exposure. Internal Audit confirmed the data had been validated, and Andy Swinburn advised that differences related to case exposure rather than patient outcomes, with appropriate support arrangements in place for rural clinicians.

The committee took assurance from the reasonable assurance ratings of the Budget Setting; Clinical Model Transformation Programme; and Cymru High Acuity Response Unity (CHARU) Internal Audit Reports.

6. AUDIT WALES

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

6.1 AUDIT COMMITTEE UPDATE

6.1.1 Yvonne Thomas advised that the Independent Examination of the 2024-25 Charity's annual report and accounts had been presented to the Charity Committee in January. Yvonne confirmed that planning work for the 2025/26 accounts audit had commenced, and noted that a detailed audit plan, including identified risks such as management override of controls, would be presented to the committee at its April meeting.

6.2 ANNUAL AUDIT SUMMARY 2025 [including Urgent and Emergency Care Part 3 outcomes]

6.2.1 Fflur Jones presented Audit Wales Annual Audit Summary for 2025, key highlights as follows:

- The fees under the 2026-27 fee scheme include an average increase of 5.3% in the audit of financial statements and performance audit work, which was noted to be above inflation and the Trust's revenue uplift;



- Part three of the Review of Unscheduled Care (national arrangements and leadership structures) will take the form of an article published by Audit Wales rather than a report and will be provided at the earliest opportunity;
- The Review of Digital Transformation has been delayed and will now be presented to the April 2026 meeting. Should it be available prior to the March Finance and Performance Committee it will be presented there first;
- The review of Non-Emergency Patient Transport (with a particular focus on arrangements for transfer and discharge) is in progress and will be presented to the April 2026 meeting; and
- An initial meeting of Audit Wales and Trust colleagues was held at the end of last week to start the review of Estates, which is due to be presented to the September 2026 meeting.

6.2.2 Ceri Jackson asked whether the Urgent and Emergency Care Part 3 work was expected to have significant implications or learning for the Trust. Fflur Jones advised that it wouldn't focus on individual organisations, but would instead provide a system level commentary on national challenges, learning and progress across Wales, drawing together findings from planned and unscheduled care audit work.

6.3 2026 OUTLINE AUDIT PLAN

6.3.1 The committee received and considered the 2026 Outline Audit Plan, which set out Audit Wales' proposed programme of financial and performance audit work for the year, including the associated audit fee.

6.3.2 Chris Turley highlighted the proposed increase in Audit Wales fees, noting the challenging financial context for the Trust and the limited funding uplift available, and commented that additional cost pressures ultimately place strain on already constrained budgets. Ceri Jackson supported this observation, emphasising the cumulative impact of inflationary and audit related cost increases on organisational capacity and risk.

6.3.3 Fflur Jones acknowledged members' concerns and confirmed that Audit Wales operates on a cost recovery basis only, advising that any underspend would be returned to the Trust and that recent fee increases reflect audit quality requirements, workforce changes and inflationary pressures. Fflur further confirmed that the Audit Wales programme has been designed to align with and complement Internal Audit work, with continued engagement planned throughout the year.



6.3.4 The Chair noted the comments raised, recognised the financial pressures highlighted by members, and confirmed that the committee was nevertheless content that the Outline Audit Plan provides appropriate and proportionate audit coverage for 2026.

The committee endorsed the 2026 Outline Audit Plan.

5. AUDIT RISK AND ASSURANCE COMMITTEE 2025/26 QUALITY AND GOVERNANCE REVIEW

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 5.1 Trish Mills presented the Quality and Governance Review, highlighting that the review confirms the committee is operating effectively, with appropriate focus on governance, risk and assurance. Trish noted proposed minor amendments to the committee's terms of reference, primarily relating to attendance arrangements, while confirming that the committee retains the right to request attendance from any Executive Director as required.
- 5.2 Chris Turley endorsed the review findings and the continuation of the subgroup arrangements, noting that while they require time commitment, they add value by spreading workload across the year and avoiding a single, onerous year-end exercise.
- 5.3 The Chair welcomed the review and reflected positively on the committee's maturity, balance of challenge and support, and increasing focus on governance effectiveness. The Chair confirmed his support for the continuation of the ARAC subgroup meetings, noting their value in enabling more detailed and reflective discussion outside formal meetings.
- 5.4 Ceri Jackson supported the findings of the review and the continued use of the National Audit Office (NAO) toolkit. Ceri added that the ARAC subgroup discussions have been constructive and helpful in driving continuous improvement, and will progress development of a refined skills matrix, aligned to organisational priorities and committee responsibility. This work will be brought back to ARAC before being escalated to the Board. Ceri also emphasised the importance of maintaining realism regarding Non Executive capacity and skills coverage and highlighted the value of Board champion roles and targeted development to address any skills gaps.

The committee endorsed the outcomes of the Quality and Governance Review and the changes to its terms of reference; and discussed the committee effectiveness and National Audit Office (NAO) responses, in particular those drawn out at paragraph 5.



6. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 6.1 Julie Boalch presented the Risk Management and Board Assurance Framework (BAF) Report, highlighting recent activity and changes to the Trust's principal risks:
- Risk 223 *The Trust's inability to reach patients in the community causing patient harm and death* had been reduced from 25 to 20 following strengthened internal controls, including the implementation of the clinical model, enhanced operational oversight and escalation mechanisms, and confirmed that this change had been agreed by Trust Board;
 - Risk 224 *Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service* remains at 25, pending further consideration of the impact of workforce related risks; and
 - Risk 623 *Failure to comply with Data Protection Legislation* had been reduced to target and would now be managed at Directorate level.
- 6.2 Julie also outlined progress on embedding the Trust's new risk appetite statements, confirming that work is underway to support wider understanding and consistent application across decision making processes. Julie reported on the development of a new electronic enterprise risk management system, which will automate risk capture, improve visibility of controls and enable clearer reporting through a digital Board Assurance Framework. Additionally, Julie described proposals to refine how risk information is presented to the Trust Board, including the introduction of a high level dashboard aligned to principal risks, and the consolidation of detailed scrutiny through committees to ensure more focused and proportionate Board oversight.
- 6.3 Trish clarified the distinction between the current BAF and the future strategic BAF, noting that the existing version is structured around principal risks and is not yet aligned to strategic objectives. Trish confirmed that, during the transition, the Board will receive focused reporting on key risks (223 and 224) alongside the Avoidable Harm report, with ARAC and other committees continuing to provide full assurance through AAA reports. Trish advised that once the strategic BAF is fully developed and aligned to strategic objectives, it will become a standing Board item.



- 6.4 The Chair welcomed the report and supported the proposed direction of travel, particularly the move towards more proportionate and focused risk reporting to Board, supported by dashboards and escalation through committee chairs, while recognising that a fully strategic BAF aligned to the new organisational strategy is still under development.
- 6.5 Ceri Jackson commented positively on the significant progress made in risk management maturity, noting that arrangements are markedly improved compared to earlier years.
- 6.6 Hayley Hutchings enquired about the impact of the new electronic risk management system. Julie explained that it will replace the Trust's currently fragmented processes with a single, integrated platform, enabling consistent recording, automated escalation, real-time reporting and full activity tracking.
- 6.7 Julie presented the revised Risk Management Policy, and reported that further refinement is expected as the new digital tools and strategic BAF mature. The revisions presented as part of the policy's update, are as follows:
- incorporate the Board approved risk appetite statements, now included as an annex to the policy;
 - ensure clearer articulation of how risk appetite should be used in decision-making, escalation and risk evaluation;
 - reflect the Trust's developing approach to embedding risk appetite across committees, directorates and operational governance;
 - align terminology and structure with the future electronic enterprise risk management system, ensuring the policy is compatible with the forthcoming digital BAF;
 - update procedural descriptions relating to the strategic risk development work, including the pilot of Strategic Objective 2; and
 - strengthen clarity around responsibilities for risk ownership, oversight and escalation, ensuring alignment with the Trust's revised governance arrangements.
- 6.8 Members welcomed the revisions to the Risk Management Policy and were assured that the inclusion of the Board approved risk appetite statements, alongside clearer responsibilities and alignment with the developing electronic enterprise risk management system, would strengthen consistency and transparency in risk handling across the Trust. The committee endorsed the revised policy for approval by the Trust Board.



The committee:

- 1. Considered and endorsed the approach to Board level risk reporting, including:**
 - **closer alignment between the current Board Assurance Framework and the Avoidable Harm report; and**
 - **the proposed frequency for presentation of the full BAF/Corporate Risk Register to the Trust Board.**
- 2. Endorsed the updated Risk Management Policy for submission to the Trust Board for approval;**
- 3. Received assurance on the continued management and oversight of the Trust's principal risks including their review at the Executive Leadership Team and at relevant Committees.**
- 4. Noted:**
 - a. the changes to principal risk scores including the reduction in Risk 223 from 25 (5x5) to 20 (4x5) and risk 623 from 15 (3x5) to 10 (2x5)**
 - b. the work being undertaken to align Risks 160 and 558 into one overarching and holistic risk**
 - c. progress against the 2025/26 Risk Management Work Programme and support the proposed priorities for 2026/27, including the embedding of Risk Appetite, development of a strategic Board Assurance Framework and enhancement of risk reporting arrangements**
 - d. the suite of approved Risk Appetite Statements and endorse the next steps for their implementation, monitoring and assurance, as set out in the 2026/27 work programme.**

9.1 2025/26 ANNUAL ACCOUNTS UPDATE

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 9.1.1 The committee received an update on progress with the 2025/26 Annual Accounts, including the proposed timetable and arrangements for preparation, audit and approval. Assurance was given planning work is underway, with draft accounts scheduled for completion by the end of April and audited accounts by the end of June, consistent with the previous year's timetable, and that close working is in place between Finance, Governance and Audit Wales to manage risks and dependencies.
- 9.1.2 The Chair noted and welcomed the consistency of the timetable with prior years and sought assurance that appropriate oversight and escalation arrangements were in place. Members were assured that progress will continue to be monitored closely and that updates will be provided to the committee as the year-end process advances.



9.2 2025/26 ANNUAL FILINGS SCHEDULE

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

9.2.1 The committee received and noted the 2025/26 Annual Filings Schedule, which sets out the timetable for statutory and regulatory returns, including alignment with the annual accounts and annual report deadlines. Assurance was provided that the schedule is consistent with the previous year's timetable and that appropriate governance and escalation arrangements are in place to manage risks and dependencies.

The committee approved the proposed 2026-26 Annual Filings Timetable; received assurance from the planned approach; and noted the planned next steps.

10. INTEGRATED GOVERNANCE PROGRAMME: THE DYNAMIC INTEGRATED SYSTEM OF GOVERNANCE AND OVERSIGHT

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

10.1 Trish Mills presented an update on progress with the Integrated Governance Programme advising that good progress has been made overall, although completion of the Accountability, Assurance and Governance Handbook has been deferred due to capacity pressures, with work expected to recommence in Q1/Q2. Trish emphasised that despite this deferral, a range of practical improvements have been delivered, including updated style guides, templates, "quick read" formats, minute-taking guidance, and improved accessibility of papers. Trish also highlighted the increasing use of digital and AI-enabled tools, including Copilot, to support governance processes and reporting.

10.2 The Chair welcomed the update and noted visible improvements in the quality and clarity of committee papers, endorsing the continued use of digital tools and recognising the need to balance ambition with available capacity.

10.3 Ceri Jackson commented positively on the progress made, particularly improvements in the accessibility and readability of papers, and highlighted the importance of this work given that committee papers are public documents. She supported the direction of travel and the focus on practical, incremental improvement.

The committee received assurance on progress of the integrated governance programme and the 2025/26 deliverables; and noted additional pieces of work that have been developed to further enhance the programme.



11. AUDIT TRACKER 2025-26 Q3 REPORTING (OCT-DEC 25)

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 11.1 Trish Mills introduced the Q3 Audit Tracker update, advising that good overall progress continues to be made across both internal and external audit actions, with a closure rate just under 70% and evidence of improved delivery against original target dates. Trish highlighted that a small number of internal audit actions remain on their final revised dates, and confirmed that relevant Executive Directors were present to provide assurance on progress.
- 11.2 Trish also noted that a new, more intuitive audit tracker format is now in use and that further work is planned to enhance reporting clarity, particularly to support focus on key risks and exceptions. She emphasised the importance of considering not only action closure, but whether actions deliver sustained risk reduction, particularly in relation to the Trust's highest-rated risks.
- 11.3 Leanne Smith provided assurance on *Audit Action Refs 621b [Technical Resilience] and 692 [ICT Contract Management]*, confirming that strengthened governance arrangements are now in place for high-value and critical digital contracts, with further work underway to extend coverage across remaining contracts and additional actions being monitored through the Finance and Performance Committee.
- 11.4 Judith Bryce provided assurance on *Audit Action Refs 053-24/25 and 054-24/25 [Vehicle Accident Management]*, advising that both actions are progressing well following revised timescales, with a pilot checklist and flowchart trial commencing in March, and task-and-finish group work confirming appropriate post-investigation documentation arrangements, with early completion anticipated.
- 11.5 Liam Williams updated the committee *Audit Action Refs EA/007-EA/011 EA/032-EA/027-EA/031-EA/035 24/25 [Welsh Risk Pool Concerns Asst]* noting that progress has been impacted by capacity pressures linked to PTR recovery and dependencies on forthcoming Listening to People regulations. Liam confirmed that work is progressing on data configuration and reporting, including development of Power BI dashboards, with revised timelines expected to be confirmed by the end of March. Leanne Smith added that foundational data work undertaken for PTR recovery will support more efficient delivery of subsequent audit actions.



- 11.6 Trish proposed that an action be added for the next ARAC meeting to revisit these timelines, and suggested that, given Liam and Leanne expected to be able to confirm revised dates once the Listening to People Regulations guidance was received and operational capacity stabilised, ARAC should formally check back in at its next meeting to ensure the timelines were clarified and progressing appropriately.
- 11.7 The Chair agreed, and welcomed the overall progress, noting the improved clarity of reporting, while emphasising the need to maintain focus on the risk impact of delayed actions.
- 11.8 Ceri Jackson commented that revised dates can appear concerning at headline level, but acknowledged that underlying detail often demonstrates valid dependencies and capacity pressures. Ceri emphasised the importance of realistic timescales and understanding where there is genuine risk versus unavoidable delay.

The committee received assurance on the progress made in closing audit actions during 2025/26 Quarter 3; and noted the audit actions for which final revised dates have been applied in quarter and invite updates from the Directors responsible for these audits.

12. TRUST POLICY REPORT

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 12.1 Trish Mills presented the Trust Policy Report, advising that 56% of policies are currently within date, which is lower than previously anticipated, primarily due to capacity pressures and process complexity. Trish confirmed that governance and oversight arrangements are now well established, with the Policy Group meeting monthly and reporting to the Executive Leadership Team (ELT), enabling prioritisation based on risk and the controlled deferral of lower-risk policies into 2026/27.
- 12.2 Trish noted that the majority of deferred items relate to policy renewals rather than gaps in control, and that some delays are linked to regulatory dependencies and audit actions. Trish also advised that, in response to a Structured Assessment finding, a Policy Transformation Programme is being developed, with early priorities expected to include simplifying policy templates, improving accessibility, streamlining approval routes, and enhancing guidance and training, with wider reform to be phased as capacity allows.



- 12.3 The Chair acknowledged the capacity challenges impacting progress and sought assurance that deferred policies would not be subject to the same constraints in 2026/27. Trish confirmed that improved governance oversight, clearer prioritisation through ELT, and planned process simplification are intended to improve delivery next year, with continued focus on higher-risk policies.
- 12.4 Ceri Jackson raised concern about repeated missed deadlines and stressed the need for realistic timescales and clear assurance on risk, while noting reassurance from ELT oversight. Ceri queried the impact of the stress management policy being out of date in light of the planned internal audit; to which Osian clarified that the audit will assess the Trust's broader approach to staff wellbeing rather than policy compliance alone. Liz Rogers added that stress management is currently supported through existing arrangements, including the All-Wales Managing Attendance at Work policy and stress risk assessments, and confirmed that a stress policy working group is progressing work to finalise the policy and associated digital tools.
- 12.5 Trish Mills presented the updated Standards of Business Conduct Policy, advising that revisions have been made to reflect the Trust's University Trust status, changes to roles and responsibilities, clearer arrangements for the declaration and handling of gifts and hospitality (including gifts of cash and gifts in kind via the Charity), and amendments to the intellectual property section to remove reliance on an English NHS policy, with no material changes to declarations of interest requirements.
- 12.6 Carl Kneeshaw highlighted emerging risks associated with secondary employment, including online and social-media-based income streams, and the need for clarity on how such activity should be treated. Trish confirmed that such activity would constitute a declarable financial interest where relevant thresholds are met and advised that further clarity would be considered alongside forthcoming All-Wales social media and intellectual property policies to ensure consistency and appropriate guidance for staff.

The committee:

- 1. Noted the progress against the 2025/26 Policy Work Programme (as at 18/02/2026);**
- 2. Received assurance regarding the planned approach regarding those policies which remain outstanding, to bring them within review date compliance; and**
- 3. Endorsed the updated Standards of Business Conduct Policy for onward submission to Trust Board for approval.**



13. LOSSES AND SPECIAL PAYMENTS

PAYMENTS FOR THE PERIOD FROM 1 APRIL 2025- 31 JANUARY 2026

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

13.1 Chris Turley presented the Losses and Special Payments report, which was submitted for noting in line with standard reporting arrangements. Chris highlighted that the figures reflect cash movements at a point in time and advised that these do not represent the full financial impact, which is managed separately through monthly monitoring and detailed review of provisions, including year-end assessment as part of the annual accounts process.

The committee noted the Losses and Special payment Report for the period 1 April 2025 – 31 January 2026.

14. NON-COMPLIANCE WITH STANDING ORDERS: PUBLICATION OF LATE PAPERS

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

14.1 Trish Mills presented the report on non-compliance with Standing Orders relating to the late publication of papers, noting that this item was included in response to a Structured Assessment recommendation. Trish advised that all instances of late papers had been known and managed exceptions, agreed in advance with the relevant committee or Board Chair, and arose due to specific and legitimate reasons, such as data dependencies, timing of information availability, or urgent matters, rather than failures in planning or governance processes.

14.2 The Chair acknowledged that there can be valid operational reasons for late papers and sought assurance that deadlines were not being missed due to avoidable slippage. Trish confirmed that agendas are tightly commissioned, late papers are actively monitored, and she can account for each instance, with no evidence of systemic issues.

14.3 Ceri Jackson commented on the potential impact of late papers on the quality of scrutiny and assurance, noting that members often rely on scheduled time to review papers in advance, while acknowledging the operational dependencies that can lead to late submissions. Ceri also emphasised the importance of monitoring trends and the degree of lateness to support effective governance. It was agreed that reporting on late papers would be undertaken on a six-monthly basis, with flexibility for earlier reporting on an exception or trend basis should concerns arise.



The committee received and noted the report of non-compliance with standing orders in regard to publication of late papers from 01 January 2026-20 February 2026.

CONSENT ITEMS

15. COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT 2025/26

The papers for this item is in the committee pack in IBabs and on the Trust's website, therefore detail of the content is not repeated here.

- 15.1 Members noted the committee Priorities and Cycle of Business Monitoring Report 2025/26.

CLOSING ITEMS

16. REFLECTIONS

- 16.1 The committee reflected positively on the effectiveness of the discussion and the quality of assurance provided, noting open and constructive engagement across agenda items. Members highlighted the importance of maintaining a clear line of sight between risk, assurance and delivery, particularly in the current operational context.
- 16.2 In reflecting on the wider system pressures, the committee acknowledged comments made regarding the financial position, recognising the ongoing challenges and the need for continued vigilance, transparency and alignment between financial sustainability, service priorities and risk management.
- 16.3 It was noted that, in light of current financial pressures, there is an expectation that attendance at meetings should be proportionate and cost-effective. Members acknowledged that, where appropriate, virtual attendance should be the default to support financial sustainability, with in-person attendance reserved for circumstances where it adds clear value.

17. ANY OTHER BUSINESS

- 17.1 There was no other business discussed.

18. DATE OF THE NEXT MEETING

- 18.1 28 April 2026.

MEETING CLOSE: 13:15